Provider E-Newsletter

Disclaimer: All information included herein is of an informative nature only. This newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from the Department of Medical Assistance Services.

Volume I - Spring 2005

Upcoming Issues

- **Automated Response System Enhancements**
- **Electronic Billing Instructions**
- **Claim Status Update**
- **Creation of New Workgroups**

COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

Dear Provider:

Thank you for taking the time to read the first edition of the Department of Medical Assistance Services' (DMAS) Provider E-Newsletter. We are very excited to introduce you to this newsletter and hope you find it very informative.

The intent of the newsletter is to inform, communicate, and share important program information with you. The type of information you can expect in the newsletter will include upcoming changes in claims processing, common problems with billing, training opportunities, new programs and/or changes in existing programs, and other information that may directly impact your practice.

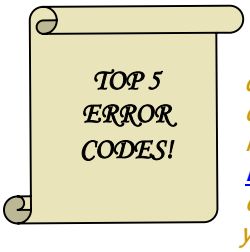
DMAS continually works to improve the level and quality of preventive, acute, and long-term care services provided to Medicaid and Family Access to Medical Insurance Security (FAMIS) Plan clients. We also recognize that we must continue to enhance our partnership with Medicaid health care providers who are critically important to making Medicaid services available to our clients.

Thank you for your support of the Virginia Medicaid and FAMIS programs and for serving Virginia's Medicaid and FAMIS clients.

Sincerely,

Patrick W. Finnerty
Director

Top Five Billing Error Reason Codes with Common Resolutions



DMAS is now tracking the top billing error reason codes on claims that are denied. In each e-newsletter, we will provide a list of current top five reason codes and their common resolutions. For a complete listing of the top 50 error reason codes and their resolution, please go the DMAS website and click on Link to Top 50 Billing Error Codes. In the table below, you will find the top five error reason codes for denied claims and their resolutions. Our intent is to help you prevent denied claims by providing you with the resolutions to the most common error codes.

Rank #1 **Error Code 0003** **Billing Provider ID Number is Missing or Not in Valid Format**

Common Resolutions

CMS-1500 - Place the nine-digit billing Provider Number to the right of the PIN in Locator #33.

UB-92 - Place the nine-digit billing Provider Number in Locator #51.

***NOTE:** **If you have a seven-digit Provider Number, place two leading zeros before the number.**

Rank #2 **Error Code 0004** **Enrollee ID is Missing or Not in Valid Format**

Common Resolutions

CMS-1500 - Verify the Enrollee Number for eligibility. Place the correct 12-digit Enrollee Number as it appears on the DMAS Card in Locator #2.

UB-92 - Verify the Enrollee Number for eligibility. Place the correct 12-digit Enrollee Number as it appears on the DMAS Card in Locator #60.

Eligibility can be verified through MediCall:

800-884-9730 **800-772-9996**

804-965-9732 **804-965-9733**

Rank #3 **Error Code 0015** **Primary Carrier Payment is Missing or Invalid**

Common Resolutions

CMS-1500 - If claim was submitted with a COB code of '3' (primary carrier billed and paid) in Locator 24J, the correct payment from the primary carrier must be in Locator 24K.

UB-92 - If claim was submitted with a COB code of '83' (primary carrier billed and paid) in Locators 39-41 under 'code,' the payment made by the primary carrier must be under 'amount.'

Rank #4 **Error Code 0022** **Servicing Provider is Not Eligible to Bill this Payment Request Type**

Common Resolutions

The servicing provider must be eligible within our system to bill certain claim types. Verify the correct claim type by provider specialty with the Provider HELPLINE.

Provider HELPLINE: 800-552-8627 or 800-786-6273

Rank #5 **Error Code 0038** **The Place of Treatment is Missing or Invalid**

Common Resolutions

CMS-1500 – Locator 24B must have the correct Place of Service code. Please resubmit claim with the correct Place of Service code. The complete list of Place of Service codes can be found on the CMS website, www.cms.hhs.gov.

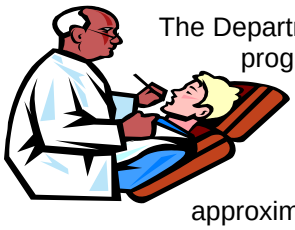
Changes to the Paper Remittance Advice

DMAS is pleased to announce that, since November 5, 2004, Provider Remittance Advice (RAs) have had a different format and data content. Providers requested many of the changes implemented since the implementation of the new Virginia Medicaid Management Information System (MMIS) on June 20, 2003.

DMAS conducted statewide conference calls and provider meetings to solicit feedback for making the RA more user-friendly and efficient. The RAs were re-designed with the assistance of a variety of statewide provider organizations. Thank you to the many organizations and individuals that provided assistance and input to DMAS in developing the new, improved RA format.

Please refer to the Medicaid Memo dated October 1, 2004, (Link to Medicaid Memo) for more details. We hope the new RA format is more provider-friendly in content and readability.

New Dental Program on the Way



The Department of Medical Assistance Services (DMAS) is proud to announce a new dental program, targeted to begin July 1, 2005. The new program is being developed in collaboration with the Virginia Dental Association (VDA) and the Old Dominion Dental Society.

"Smiles for Children" will consolidate pediatric dental services for approximately 400,000 Medicaid and FAMIS children enrolled in both fee-for-service and Managed Care Organization (MCO) programs through the use of a single Dental Benefits Administrator (DBA). The use of a single DBA will offer many benefits to providers, including all children being served in the same dental program, fee-for-service reimbursement, flexible claims filing options, rapid access to a dedicated call center, and assistance with complex care issues.

Currently, only 16% of Virginia-licensed dentists participate in the Medicaid and FAMIS programs, and only 25% of enrolled children receive dental services. The new dental program, which has been designed to address several provider concerns about the current program, is being implemented to improve provider participation and utilization of services. However, for this program to work, **we very much need dentists to participate in the program.**

The VDA and the Old Dominion Dental Society support the new dental program. Efforts began in November 2004 to procure the services of the DBA, and DMAS selected Doral Dental to be the vendor in April 2005.

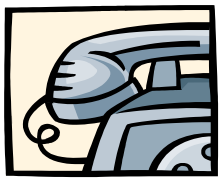
For the most up-to-date program information, please refer to our dental webpage Smiles for Children or contact us at smiles@dmas.virginia.gov.

MediCall Update

It is anticipated that, by June 2005, the Department of Medical Assistance Services will be providing two years worth of claims data based on the claim's date of service on "MediCall," the automated voice response system. This significant enhancement will also apply to the Internet-based, automated response system. Currently, MediCall only provides one year worth of claims data based on the claim's date of service.

Stay tuned for more exciting news and enhancements to MediCall!

New Phone System is Here



The Department of Medical Assistance Services (DMAS) implemented some changes to the Provider HELPLINE on December 20, 2004. These changes include a significant upgrade in technology, which should enable more callers to get through more quickly to receive answers to their questions and increase DMAS' ability to track the caller, the issue, and the issue's resolution.

The best time to call the Provider HELPLINE is in the middle of the week between the hours of 2:30 p.m. and 4:30 p.m., when call volume is the lowest.

You may be able to avoid long Provider HELPLINE wait times by first reviewing your Medicaid Provider Manuals and Medicaid Memoranda to search for the answer to your claims inquiry.

If you have called the DMAS HELPLINE recently, you probably noticed that you are now required to enter your Medicaid provider identification number on your touch-tone phone before you speak with a customer service representative (CSR). This change allows DMAS to have your provider enrollment information available once you reach a CSR. The menu of options has also changed to allow providers who have more complex billing questions to speak to staff who have the experience necessary to answer your call correctly. The new software technology also tracks the nature and type of call, allowing DMAS to better focus its training resources on areas that most concern providers.

During this initial period, the staff as well as our providers are still getting used to these changes. Talk time has increased slightly and wait times have also increased as we hire and train new staff. We realize that these wait times can be frustrating to callers, however, we would rather allow a provider to get his question answered by a CSR than to get repeated busy signals, as was the case prior to the implementation of this new Call Center Technology.

The MediCall automated voice response system (1-800-772-9996) and Internet-based Automated Response System can provide you with claims status, prior authorization information, check status, and recipient eligibility information.

As you may know, our Internet-based response system (ARS) and our automated telephone-based response system, MediCall, allow providers to access information about recipient eligibility, claims status, check status, and prior authorization status. DMAS is committed to reducing wait times on the Provider HELPLINE and is exploring additional alternative solutions to help you find the information you need to resolve your claims-processing issues. We urge you to use MediCall, if at all possible, to avoid delays in getting the needed information. After six months of using this new tracking system, DMAS will have collected much more information related to providers' concerns. We can then work to resolve these problems and issues to reduce overall call volume in the future. This information will assist us a great deal in our commitment to improving our level of customer service.

The DMAS website includes a great deal of helpful information for providers such as all of our Provider Manuals, Medicaid Memoranda, the top 50 denial reasons and how to resolve them, and copies of our recent provider training presentations on the DMAS Learning Network.

DMAS FACTS

- Average number of claims processed per month: Over 3 million
- Calls handled each year: 114,000
- Customer service correspondence received each year: 16,500
- Amount of money spent on services FY 2003: Over $3 billion
- Number of active recipients: 652,330
- Number of active providers billing in the last 12 months: 30,724